
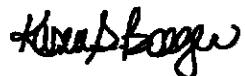




## NOTICE OF CONTRACT RENEWAL

State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

0715C  
RFPS 300349 0170042

|  |   |
|--|---|
| <b>CONTRACT NUMBER</b><br>CS170042009  | <b>CONTRACT TITLE</b><br>Alternatives to Abortion Program   |
| <b>AMENDMENT NUMBER</b><br>Amendment #002  | <b>CONTRACT PERIOD</b><br>July 1, 2017 through June 30, 2018  |
| <b>REQUISITION/REQUEST NUMBER</b><br>NR 886 DFA18000005  | <b>SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID</b><br>43160132900/MB00094264  |
| <b>CONTRACTOR NAME AND ADDRESS</b><br>NURSES FOR NEWBORNS<br>7259 LANSLOWNE STE 100<br>ST. LOUIS MO 63119  | <b>STATE AGENCY'S NAME AND ADDRESS</b><br>Department of Social Services<br>Division of Finance & Administration Svs<br>221 W High Street, Room 310, PO Box 1082<br>Jefferson City MO 65102-1082 |
| <b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b><br><br>Contract CS170042009 is hereby amended pursuant to the attached amendment #002 dated 08/01/17. |   |
| <b>BUYER</b><br>Julie Kleffner   | <b>BUYER CONTACT INFORMATION</b><br>Email: <a href="mailto:julie.kleffner@oa.mo.gov">julie.kleffner@oa.mo.gov</a><br>Phone: (573) 751-7656 Fax: (573) 526-9816                                  |
| <b>SIGNATURE OF BUYER</b><br>   | <b>DATE</b><br>8-25-17  |
| <b>DIRECTOR OF PURCHASING</b><br> Karen S. Boeger                       |   |



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 002  
CONTRACT NO.: CS170042009  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: NURSES FOR NEWBORNS  
7259 LANSDOWNE STE 100  
ST. LOUIS MO 63119

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

|                     |   |
|---------------------|---|
| SCAN AND E-MAIL TO: | <a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>    |
| FAX TO:             | (573) 526-9816  |
| MAIL TO:            | PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809                   |
| COURIER/DELIVER TO: | PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517 |

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

|                       |  |
|-----------------------|--|
| VENDOR NAME           | Missouri BUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) |
| Nurses for Newborns   | MB00094264   |
| MAILING ADDRESS       |  |
| 7259 Lansdowne        |  |
| CITY, STATE, ZIP CODE |  |
| St. Louis, MO 63119   |  |

|   |  |
|---|--|
| CONTACT PERSON  | EMAIL ADDRESS  |
| Ron Tompkins  | <a href="mailto:Ron.tompkins@nursesfornewborns.org">Ron.tompkins@nursesfornewborns.org</a> |
| PHONE NUMBER  | FAX NUMBER   |
| (314) 544-3433 Ext. 344   | (314) 544-3427   |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)   |  |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt |  |
| AUTHORIZED SIGNATURE  | DATE   |
|   | August 1, 2017   |
| PRINTED NAME  | TITLE  |
| Melinda Ohlemiller  | Chief Executive Officer  |

**AMENDMENT #002 TO CONTRACT CS1700420009****CONTRACT TITLE:** Alternatives to Abortion Program Services**CONTRACT PERIOD:** July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicated in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

|                     |  |                            |
|---------------------|--|----------------------------|
| Geographic Region 6 | \$ <u>463,000</u><br>( <i>\$463,841.07</i> ) | maximum annual total price |
|---------------------|--|----------------------------|

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

**NOTE:** The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

Nurses for Newborns  
ATA FY 2018 Budget

|                                 |             |
|---------------------------------|-------------|
| Direct Administrative Costs:    |             |
| Program Salaries and Wages      | 167,220     |
| Employee Benefits               | 30,100      |
| Employee Travel                 | 18,580      |
| Office Rent                     | 4,884       |
| Office Utilities                | 1,047       |
| Facility Insurance              | 1,605       |
| Office Communications           | 2,302       |
| <br>Total Direct Administrative | <br>225,738 |
| <br>Administrative @ 10%        | <br>22,574  |
| <br>Participant Services        | <br>214,688 |
| <br>Total Budget Request        | <br>463,000 |

**Narrative:**

This budget anticipates a total of 124 unduplicated clients served, for a total of 1,828 visits annually.

Salaries of direct staff = \$167,220 with benefits calculated at 18% or \$30,100.

Employee travel includes mileage reimbursement at 50 cents per mile.

Rent, Utilities, Insurance and Communications are based on cost per total FTE

Participant services include assistance for clients in the following categories:

Transportation, Utility Assistance, Housing Assistance, Car Repairs and Car Payment Assistance

## Attachment 3

### Department of Social Services

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

| Proposed Purchase Date | Item | Total Cost<br>(include formal estimate<br>from provider of<br>services) | Justification, include other<br>sources of funding that have<br>been attempted |
|------------------------|------|---|--|
|                        |      |   |  |
| Amt. to be reimbursed  |      |   |  |

*Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

*Please return to Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, Broadway State Office Building, 221 W. High St., Room 310, P.O. Box 1082, Jefferson City, MO 65102-1082. May be faxed to 573/751-7598 or emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov) by the Contractor only.*

Authorized person requesting purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved ☐ Denied ☐ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Missouri Office of Administration**

**A2A Quarterly Expenditure Report**

**Agency:** [Insert Agency Name]

**Contract Number:**

*Program Year July 1, 2017 - June 30, 2018*

**Revenue**

Revenue Request

**Federal (TANF)**

\$ -

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:

\$ -

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

**Total Indirect Administrative Costs**

\$ -

**OR**

**Option 2: 10% De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost

\$ -

10%

**Total Indirect Administrative Costs**

\$ -

**Direct Administrative Costs**

**Federal (TANF)**

Program Salaries and Wages

\$ -

Employee Benefits

\$ -

Employee Travel

\$ -

Employee Training

\$ -

Office Rent/Space

\$ -

Office Utilities

\$ -

Facility Insurance

\$ -

Office Supplies (under \$5,000)

\$ -

Equipment (Capitol Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ -

Office Repairs and Maintenance

\$ -

Contract/Consulting

\$ -

Other (list):

\$ -

(add other categories as needed)

\$ -

**Total Direct Administrative Cost**

\$ -

Less:

Equipment (Capital Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

**Modified Total Direct Administrative Cost**

\$ -

**Participant Services**

**Federal (TANF)**

Transportation

\$ -

Job Training

\$ -

Tuition Assistance

\$ -

Contracted Residential Care

\$ -

Utility Assistance

\$ -

Emergency Shelter

\$ -

Housing Assistance

\$ -

(add others as needed)

\$ -

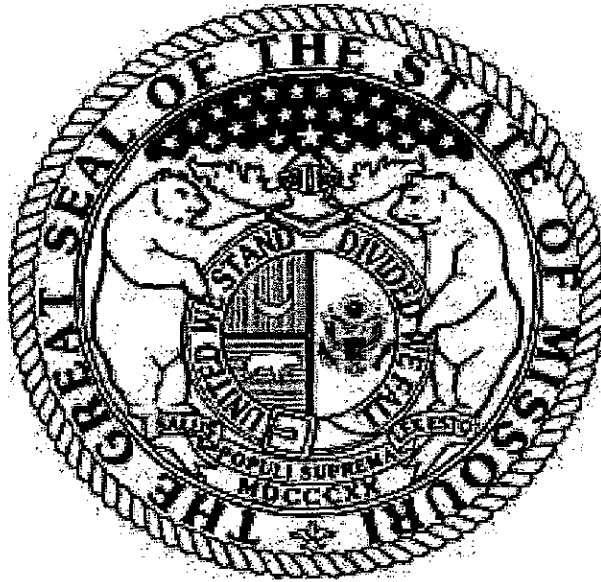
**Total Participant Costs**

\$ -

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

**Signature of Authorized Representative of [Insert Agency Name]**

**Date**



**State of Missouri**  
**OFFICE OF ADMINISTRATION**

Division of Purchasing  
Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

**Kleffner, Julie**

---

**From:** Morrison, Mary Ann  
**Sent:** Tuesday, August 22, 2017 4:54 PM  
**To:** Kleffner, Julie  
**Subject:** FW: Amendment #002 to Contract CS170042009  
**Attachments:** CS170042009-002 (Nurses for Newborns - FY18) APPROVED 8-22-17.pdf

Please see attached.  
Thanks ☺

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Tuesday, August 22, 2017 4:50 PM  
**To:** Morrison, Mary Ann  
**Subject:** RE: Amendment #002 to Contract CS170042009

Mary Ann,  
Please find attached the "APPROVED" budget for Nurses for Newborns.

No changes were made to the original document received. Please note they did not fill in the maximum annual total price on page 2 of the amendment.

Thanks.

Please note I will be out of the office from September 28, 2017 through October 9, 2017 with no access to email.

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Tuesday, August 22, 2017 4:15 PM  
**To:** Benne, Joy  
**Subject:** FW: Amendment #002 to Contract CS170042009

FYI



**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Ron Tompkins [<mailto:ron.tompkins@nursesfornewborns.org>]  
**Sent:** Tuesday, August 22, 2017 3:46 PM  
**To:** Temmen, Donna  
**Cc:** Morrison, Mary Ann  
**Subject:** Re: Amendment #002 to Contract CS170042009

Donna,

We spoke with Julie last week re. the budget. Please let Julie, MaryAnn know that we can provide additional information re. the line items on the budget if needed.

Ron

---

**From:** "Temmen, Donna" <[Donna.Temmen@oa.mo.gov](mailto:Donna.Temmen@oa.mo.gov)>  
**Date:** Tuesday, August 1, 2017 at 11:45 AM  
**To:** Ron Tompkins <[ron.tompkins@nursesfornewborns.org](mailto:ron.tompkins@nursesfornewborns.org)>  
**Cc:** "Morrison, Mary Ann" <[MaryAnn.Morrison@dss.mo.gov](mailto:MaryAnn.Morrison@dss.mo.gov)>  
**Subject:** Amendment #002 to Contract CS170042009

Attached is a copy of an amendment for CS170042009 for Alternatives to Abortion Program Services for the State of Missouri. Please print the amendment, complete the necessary information (including signature), and return it via fax, scanned and email, or by mail as soon as possible.

**IMPORTANT NOTICE:** The Division of Purchasing is now using MissouriBUYS as its new bid posting and automated notification site. MissouriBUYS is the State of Missouri's web-based statewide eProcurement system which is powered by WebProcure, through our partner, Perfect Commerce.

All vendors who currently (or in the future) sell products and/or services to the state will be *required* to register their business with the Office of Administration through **MissouriBUYS**. The vendor registration portal for registering your business is available from the MissouriBUYS website at <https://missouribuys.mo.gov>. If you have not already done so, please register on the MissouriBUYS website so that you don't miss receiving automated bid opportunity notifications from the state's central purchasing office (i.e. Division of Purchasing).

Thank you for being a valuable vendor to our state!


*Donna Temmen*  
*Services Section - Senior Office Support Assistant*  
*OA, Division of Purchasing*  
*PO Box 809*  
*Jefferson City MO 65102*  
*(573) 751-1697*  
*Fax: (573) 526-9816*

E-mail: [donna.temmen@oa.mo.gov](mailto:donna.temmen@oa.mo.gov)

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# MEMORANDUM

Office of Administration  
Division of Purchasing

**TO:** Laura Ortmeyer  
**FROM:** Julie Kleffner   
**DATE:** July 19, 2017  
**RE:** Renewal/Amendment to the Alternatives to Abortion Program Services Contracts

The Department of Social Services has requested the Alternatives to Abortion Program Services contracts, CS170042001 through CS170042009, be renewed with a funding increase pursuant to House Bill 11, section 11.120, lines 2 through 6. Pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, funds may increase at the time of renewal if funds are appropriated by the General Assembly.

The contracts are also being amended as follows:

1. The administrative responsibilities of the Alternatives to Abortion Program transferred from the Office of Administration to the Department of Social Services.
2. As a result of the transfer of administrative responsibilities, Attachment 3 is being revised to reflect the correct state agency.
3. Attachment 5 is being revised to reflect the appropriate contract period.

Due to the legislature including a rate increase in the Fiscal Year Budget via House Bill 11 (see attached) and is allowed by paragraph 2.12.3 b. of the contract, I am processing the renewal to the contracts allowing a price increase.

Additionally, 1 CSR 40-1.050 (8) states, "*Contracts awarded as the result of a competitive solicitation may be amended when such an amendment is in the best interest of the state and does not significantly alter the original intent or scope of the contract.*"

Therefore, since the intent and scope of the contract are not altered, I am proceeding to amend the contract as requested.

**Kleffner, Julie**

---

**From:** Benne, Joy  
**Sent:** Wednesday, July 19, 2017 3:42 PM  
**To:** Morrison, Mary Ann; Kleffner, Julie  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal  
**Attachments:** RE: A2A FY18 Funding

Please see the attached email from Laclede County Pregnancy Center stating they do not want the increased funding for FY18. Thanks

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:39 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In addition to response (2), Laclede County Pregnancy Support Center communicated with DSS they did not want the increased funding for FY18. Let me know if you need the documentation and I'll get it from the Program. Thanks.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:29 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

Thank you!

In response to (1), funding increase was based on HB 11, section 11.120 lines 2 through 6 minus 3% Governor's reserve on the general revenue portions (line 4) and per DSS upper management, line 6 funding amount was not included (if you need a copy of the HB, just let me know).

In response to (2), funding allocation approximate percentage was taken from section 3.3.2 of the RFP. This percentage was multiplied against the total funding allocation available for FY18 (HB11, section 11.120, lines 4 through 6) which gave the amount of funding for each of the 9 regions. Each region amount was based on # of awards made for each region as outlined in subsection of 3.3.2. Determination on who received the highest percentage is based on ranking from the evaluation process.

Please let me know if there is any additional information needed.

**Mary Ann Morrison, Procurement Officer II**

DSS/DFAS

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie

**Sent:** Wednesday, July 19, 2017 1:05 PM

**To:** Morrison, Mary Ann

**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

I will get something drafted for your review.

Please provide (1) an explanation (e-mail/memo) explaining why funds have increased and (2) an explanation how funding for each contractor was determined for inclusion in the contract file.

Thank you

---

**From:** Morrison, Mary Ann

**Sent:** Wednesday, July 19, 2017 12:50 PM

**To:** PURCHMAIL <[purchmail@oa.mo.gov](mailto:purchmail@oa.mo.gov)>; Ortmeyer, Laura <[Laura.Ortmeyer@oa.mo.gov](mailto:Laura.Ortmeyer@oa.mo.gov)>; Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>

**Subject:** NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In reference to NR 886 DFA18000005, please renew Alternatives to Abortion contracts/ CS170042001-009. The attached backup documentation includes the amendment verbiage, updated attachments and FY18 budget amounts for each contract (column I).

Prior to sending out for signature, please provide a copy of the amendment for program review.

Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**

Missouri Department of Social Services

Division of Finance & Administrative Services

615 Howerton Court

P.O. Box 1643

Jefferson City, MO 65102-1643

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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**Kleffner, Julie**

---

**From:** Abigail Chisom <abigail@pscledabanon.org>  
**Sent:** Tuesday, July 18, 2017 12:23 PM  
**To:** Benne, Joy  
**Subject:** RE: A2A FY18 Funding

Hi Joy,  
Since things have changed with the maternity home funding method we haven't used as much funding. I think we better stay with our original amount at this time so the money can be put to good use elsewhere.  
Thank you,

Abigail Chisom  
Assistant Director  
Laclede County Pregnancy Support Center  
417-532-8555

---

**From:** Benne, Joy [mailto:Joy.E.Benne@dss.mo.gov]  
**Sent:** Tuesday, July 18, 2017 11:57 AM  
**To:** 'Abigail Chisom'  
**Subject:** A2A FY18 Funding

Abigail,  
Question for Laclede County Pregnancy Support Center....For FY2018 the A2A program was given additional funding. Would Laclede County Pregnancy Support Center be able to spend the extra funding in FY2018 if awarded?

We are possibly looking at more than what was stated for maximum annual total price on the contract award page from OA. DSS wants to make sure everyone can use the extra funding without lapsing any.

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310  
P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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|  |  |                                       |  |                 |  |  |  |                   |  |
|--|--|---------------------------------------|--|-----------------|--|--|--|-------------------|--|
| <b>1. Indicate Contract Amendment Type</b>   |  |                                       |  |                 |  |  |  |                   |  |
| RENEWAL: <u>1</u>  |  | PERIOD OF <u>3</u>                    |  | TOTAL           |  |  |  |                   |  |
| <input type="checkbox"/> Renewal - % Increase  |  | <input type="checkbox"/> Cost Savings |  |                 |  | Performance Security Deposit: \$ _____ |  |                   |  |
| <input type="checkbox"/> Renewal - \$ Increase   |  | <input type="checkbox"/> Cost Savings |  |                 |  | Surety Bond: \$ _____                  |  |                   |  |
| <input type="checkbox"/> Renewal - W/O Increase  |  |                                       |  |                 |  | Annual Wage Order Number: _____        |  |                   |  |
| <input type="checkbox"/> SFS Renewal - Prices In Original Contract   |  |                                       |  |                 |  | Annual Wage Order Date: _____          |  |                   |  |
| <input type="checkbox"/> SFS Renewal - Prices Not in Original Contract   |  |                                       |  |                 |  | County(ies): _____                     |  |                   |  |
| <b>EXTENSION PERIOD:</b>   |  |                                       |  |                 |  |  |  |                   |  |
| <input type="checkbox"/> Extension - 30-Day  |  |                                       |  |                 |  |  |  |                   |  |
| <input type="checkbox"/> Termination   |  |                                       |  |                 |  |  |  |                   |  |
| <input type="checkbox"/> Extension - \$ Increase   |  |                                       |  |                 |  | <input type="checkbox"/> Cost Savings  |  |                   |  |
| <input type="checkbox"/> Extension - W/O Increase  |  |                                       |  |                 |  |  |  |                   |  |
| <input type="checkbox"/> Assignment  |  |                                       |  |                 |  |  |  |                   |  |
| <input type="checkbox"/> Cancellation/Termination  |  |                                       |  |                 |  |  |  |                   |  |
| <input checked="" type="checkbox"/> Other Amendment  |  |                                       |  |                 |  |  |  |                   |  |
| <b>2. Preliminary Tasks/Verifications</b>  |  |                                       |  |                 |  |  |  |                   |  |
| A. Section 34.040.6, RSMo  |  |                                       |  |                 |  | Buyer/Section Support                  |  | <u>DT</u> 7-31-17 |  |
| B. Purchasing Suspension List  |  |                                       |  |                 |  | Buyer/Section Support                  |  | <u>DT</u> 7-31-17 |  |
| C. Federal Suspension - SAM.GOV  |  |                                       |  |                 |  | Buyer/Section Support                  |  | <u>DT</u> 7-31-17 |  |
| D. Labor Stds - OA/FMDC Contractor Debarment Lists   |  |                                       |  |                 |  | Buyer/Section Support                  |  |                   |  |
| E. Review of Participation Commitment Attainment - If app, Verify Receipt of 1 <sup>st</sup> Renewal - Blind/Shel Wkshp Affdvt |  |                                       |  |                 |  | Buyer                                  |  |                   |  |
| F. SFS Review/Justification - Insert Advertising Date, if applicable   |  |                                       |  |                 |  | Buyer                                  |  |                   |  |
| <b>3. Prepare Contract Amendment</b>   |  |                                       |  |                 |  | Buyer/Section Support                  |  | <u>DT</u> 7-31-17 |  |
| <b>4. Review/Approve Contract Amendment (If Signature Required)</b>  |  |                                       |  |                 |  | Buyer                                  |  | <u>JK</u> 7-31-17 |  |
| Initial  |  | Supervisor                            |  | Section Manager |  | Asst Director                          |  | Director          |  |
| Date   |  |                                       |  | 8/1/17          |  |  |  |                   |  |
| <b>5. E-Mail/Fax Contract Amendment (If Signature Required)</b>  |  |                                       |  |                 |  | Buyer/Section Support                  |  | <u>DT</u> 8-1-17  |  |
| Contractor E-Mail Address/Fax Number   |  |                                       |  |                 |  | ron.tompkins@nursesfornewborns.org     |  |                   |  |
| State Agency Contact E-Mail Address  |  |                                       |  |                 |  | Mam Ann Morrison                       |  |                   |  |
| Section 34.040.6, RSMo, Letter   |  |                                       |  |                 |  | Follow-Up Notes:                       |  |                   |  |
| <b>6. Review Contract Amendment Response - Verifications</b>   |  |                                       |  |                 |  |  |  |                   |  |
| A. Renewal/Extension Pricing   |  |                                       |  |                 |  | Buyer/Section Support                  |  |                   |  |
| B. Section 34.040.6, RSMo  |  |                                       |  |                 |  | Buyer/Section Support                  |  |                   |  |
| C. Performance Security Deposit/Surety Bond  |  |                                       |  |                 |  | Buyer/Section Support                  |  |                   |  |
| D. Renewal/Extension with Cost Savings Language  |  |                                       |  |                 |  | Buyer                                  |  |                   |  |
| E. Statewide Notice  |  |                                       |  |                 |  | Buyer                                  |  |                   |  |
| F. SFS Authorized Limit \$   |  |                                       |  |                 |  | Buyer                                  |  |                   |  |
| <b>G. Contract Assignment Only Verifications - Complete unless completed in Step 2 above.</b>                                  |  |                                       |  |                 |  |  |  |                   |  |
| 1. E-Verify Exhibit/Affidavit/Documentation  |  |                                       |  |                 |  | Buyer/Section Support                  |  |                   |  |
| 2. Assignment and Consent Form   |  |                                       |  |                 |  | Buyer/Section Support                  |  |                   |  |
| 3. Purchasing Suspension List  |  |                                       |  |                 |  | Buyer/Section Support                  |  |                   |  |
| 4. Federal Suspension - SAM.GOV  |  |                                       |  |                 |  | Buyer/Section Support                  |  |                   |  |
| 5. Labor Stds - OA/FMDC Contractor Debarment Lists   |  |                                       |  |                 |  | Buyer/Section Support                  |  |                   |  |
| <b>7. Prepare Contract Amendment Award Document/Statewide Notice</b>   |  |                                       |  |                 |  | Buyer/Section Support                  |  | <u>DT</u> 8-25-17 |  |
| <b>8. Review/Approve Contract Amendment Award Document</b>   |  |                                       |  |                 |  | Buyer                                  |  | <u>JK</u> 8-25-17 |  |
| Initial  |  | Supervisor                            |  | Section Manager |  | Asst Director                          |  | Director          |  |
| Date   |  |                                       |  | 8/23/17         |  |  |  |                   |  |
| <b>9. Process Contract Amendment</b>   |  |                                       |  |                 |  | Buyer/Section Support                  |  | <u>DT</u> 9-6-17  |  |
| AM 300 PMM 0016471 m2  |  |                                       |  |                 |  | Buyer/Section Support                  |  | <u>DT</u> 9-6-17  |  |
| Distribute E-Verify & SDV Documents  |  |                                       |  |                 |  | Buyer/Section Support                  |  |                   |  |
| E-Mail/Fax NOA to Contractor/Assignee & Agency Contact   |  |                                       |  |                 |  | Buyer/Section Support                  |  | <u>DT</u> 9-6-17  |  |
| Copy/Save As Statewide Notice to Internet Folder   |  |                                       |  |                 |  | Buyer/Section Support                  |  |                   |  |
| <b>10. Log Participation Commitment Information</b>  |  |                                       |  |                 |  | Central Support-Participation          |  |                   |  |
| <b>11. Image Contract Amendment Packet</b>   |  |                                       |  |                 |  | Central Support-Imaging                |  | <u>DT</u> 9-26    |  |